

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044233  
6353 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 6353

**FILED DEC 11 1963**

VS 300 Rev. 4/59	DATE AMENDED
1	
2 3188	
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4 0	
5 1	
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9 163X	
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12 57-0	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Kansas City</u> TOWN <u>40 yrs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>General Hospital Med. Ct.</u> INSTITUTION <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>3334 E 11th</u> Reside on Farm <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Clarence</u> First <u>Robinson</u> Middle Last 4. DATE OF DEATH <u>November 21, 1963</u> Month Day Year		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>7-9-1888</u> 9. AGE (last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocerman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wellsville, Ohio</u> 11. BIRTHPLACE (City and state or country) <u>USA</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Robinson</u> 13b. MOTHER'S MAIDEN NAME <u>Sarah Marshall</u> 14. NAME OF HUSBAND OR WIFE <u>Lela</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> 16. SOCIAL SECURITY NO. <u>3334 E 11th</u> 17. INFORMANT <u>Lela Robinson</u> Address <u>3334 E 11th</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of lung with multiple metastasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>11-13-63</u> to <u>11-21-63</u> and last saw her him alive on <u>11-21-63</u>		20g. COUNTY <u>Indep.</u> STATE <u>MO</u>	
21. I attended the deceased from <u>8:35 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank Ellis</u> (Degree or title)		22b. ADDRESS <u>2400 Cherry</u> 22c. DATE SIGNED <u>11-22-63</u>	
23a. JOURNAL CREMATION, (Specify) <u>11-25-63</u> 23b. DATE <u>11-25-63</u> 23c. NAME OF CEMETERY OR CREMATORY <u>St. Washington</u> 23d. LOCATION (City, town, or county) (State) <u>Indep. MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-25-63</u> 26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	
24. FUNERAL DIRECTOR <u>C. H. Blackman &amp; Son</u> ADDRESS <u>2823 Indep Blvd</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Hugh Baird*

Licensed Embalmer No.

4888

P. O. Address

TC 24 MO,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.